

ANNUAL LEAVE DONATION DIRECT TRANSFER FORM**A. TO BE COMPLETED BY EMPLOYEE DONATING ANNUAL LEAVE (Please print)**

Name _____ Employee I.D. _____

Department _____ Division _____ Section _____

My classification falls within:

☐ AFSCME☐ MCO☐ MSEA☐ HSS Unit☐ S & E Unit☐ Technical Unit☐ UAW☐ NERES

I hereby agree to voluntarily transfer _____ hours of my accumulated annual leave to: _____

NOTE: Maximum donation per calendar year per employee is 40 hours (this includes hours donated to an Annual Leave Bank). Hours must be donated in whole hour increments.Minimum donations are: 1 hour – NERE, HSS and S & E Units

4 hours – MCO, MSEA, UAW

8 hours – AFSCME and Technical Unit

Signature _____ Date _____

B. TO BE COMPLETED BY EMPLOYEE RECEIVING ANNUAL LEAVE HOURS (Please print)

Name _____ Bargaining Unit: _____

Employee I.D. _____ Department/Division _____

Work phone (____) _____

- 1) **I have satisfactorily completed the probationary period required to receive this donation.**
- 2) **I have submitted the leave application and appropriate medical certification required for this leave to be approved.**
- 3) **I will have exhausted all my available leave credits as of _____ (date).**
- 4) **I will not be eligible to receive Worker's Compensation for this absence.**
- 5) **I will not be eligible to receive Long Term Disability (LTD) for this absence – or – I will be eligible for LTD and request annual leave donations for lost time during the waiting period.**
- 6) **I am facing a financial hardship (40 consecutive hours or more of lost time) due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent (for UAW – immediate family as defined in Article 40).**

Signature _____ Date _____

C. TO BE COMPLETED BY HUMAN RESOURCE OFFICE / APPOINTING AUTHORITY (Please print)

I hereby certify that this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, is facing _____ hours without pay, no long-term disability or Worker's Compensation will be paid during this time, and the absence would otherwise be approved.

Appointing Authority or Designee Signature _____ Date _____

D. To be completed by the Union for employees in: SEIU-HSS, MCO or MSEA.

- 1) I approve this request.

Signature of Authorized Union Official _____ Date _____

E. TO BE COMPLETED BY OFFICE OF THE STATE EMPLOYER

Signature _____ Date _____

ANNUAL LEAVE DONATION DIRECT TRANSFER FORM INSTRUCTIONS

WHO	WHAT
Section A. Donating Employee	<ol style="list-style-type: none"> 1. Completes Section A. 2. Indicates number of hours to be donated. 3. Signs Form. 4. Submits form to the employee receiving hours for their completion of Section B, or in their absence to their Human Resources Office for completion of Section B.
Section B. Receiving Employee	<ol style="list-style-type: none"> 1. Completes Section B. 2. Verifies requirements are met. 3. Signs Form. 4. Submits form to their Human Resources Office. <p>NOTE: Completion of Section B will be completed by Human Resources Office in the employee's absence.</p>
Section C. Appointing Authority / Human Resources Office	<ol style="list-style-type: none"> 1. Certifies that <u>donating</u> employee has sufficient hours of annual leave. 2. Certifies <u>receiving</u> employee has met all the conditions to receive the annual leave donations. 3. Obtains Appointing Authority or Designee signature. 4. If a request is for a MCO or MSEA member, the request is to be forwarded electronically to the Union (MCO - Cherelyn@mco-seiu.org, MSEA - kmoore@msea.org and Troberts@msea.org) for their authorization and returned to the department. 5. All other requests are forwarded electronically to the Office of the State Employer (DTMB-OSE@michigan.gov) and a copy is kept by the Human Resources Office.
Section D. SEIU-HSS, MCO or MSEA	<ol style="list-style-type: none"> 1. Authorizes the direct transfer of annual leave hours for their bargaining unit member. 2. Returns request electronically to the Human Resources Office.
Human Resources Office	<ol style="list-style-type: none"> 1. Returns request to Office of the State Employer (DTMB-OSE@michigan.gov).
Section E. Office of the State Employer	<ol style="list-style-type: none"> 1. Reviews and signs form and forwards electronically to Human Resources Office, CSC Compliance, Employee Benefits Division and the Union.
Human Resources Office	<ol style="list-style-type: none"> 1. Deducts corresponding number of hours from the donating employee's annual leave. 2. Adds hours into the receiving employee's annual leave counter. 3. Human Resources Office distributes a copy of the form to the donating employees and keeps the signed and original forms at the Human Resources Office.